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L   AVRS Quick Reference Guide

The Alabama Medicaid Automated Voice Response System (AVRS) enables providers to access information regarding check amount, claim status, recipient eligibility, third party resources, drug and procedure code pricing, and prior authorization requirements. When you dial 1(800) 727-7848, you can access this information 18-20 hours per day, seven days a week. This guide is intended to help you use AVRS quickly, accurately, and efficiently.

This quick reference guide consists of the following sections:

In This Section	You Can Find Out About
AVRS Basics	General information, such as hours of operations and the type of information available on AVRS; AVRS spoken requests and responses; function keys; and time-outs, invalid data, and errors. **Please note the alphabetic table in Section L.1.3, Special Function Keys, which provides a number combination for each letter of the alphabet. Providers who must enter alphabetic characters in AVRS should refer to this section for instructions.**
Accessing AVRS	Using the main menu and entering a valid provider number. **You must enter a valid provider number to access any AVRS information. Only Option 0, the Provider Assistance Center, will be available to callers who do not enter a valid provider number.**
Verifying Check Amount	Selecting the appropriate main menu option and entering valid data to verify check amounts.
Accessing Claims Status	Selecting the appropriate main menu option and entering valid data to verify claims status.
Verifying Recipient Eligibility	Selecting the appropriate main menu option and entering valid data to verify recipient eligibility. **Providers have the option of receiving the eligibility response via fax. The instructions are included in this section.**

In This Section	You Can Find Out About
Accessing Pricing Information	Selecting the appropriate menu options and entering valid data to access pricing information for NDCs or procedure codes.
Accessing Prior Authorization Information	Selecting the appropriate menu option and entering valid data to access information about approved prior authorizations.
Accessing Household Information	Selecting the appropriate menu options and entering valid data to access information for recipient household members.

NOTE:

All AVRS responses are based on the information entered by the caller. Data is provided for informational purposes and is current only as of the inquiry date. This information is not a guarantee of payment. Claims submitted for payment are subject to system audits (medical policy), edits, and applicable limitations.

L.1   AVRS Basics

This section provides general information about AVRS that will help you use AVRS more efficiently and effectively. It provides general information on how to access AVRS and what information is provided and describes AVRS spoken requests and responses, special function keys, and global messages. Of particular importance is the alphabetic table, described in Section L.1.2, Special Function Keys, providing number combinations corresponding to the letters of the alphabet. Providers who must enter data that contains both numbers and letters should read this section.

L.1.1   General Information

AVRS is available approximately 18-20 hours per day, 7 days per week. Scheduled down times usually occur during off-peak hours, such as late at night or very early in the morning.

To access AVRS, you must use a touch tone phone. Providers with rotary dial phones should contact the EDS Provider Assistance Center, from 8:00 a.m. until 5:00 p.m., Monday through Friday. For Pharmacy Providers only, the Pharmacy Help Desk is also available on Saturdays, 9:00 AM to 5:00 PM and can be accessed by dialing 1-800-456-1242. Please refer to the Alabama Medicaid Provider Insider, a quarterly bulletin sent to Alabama Medicaid providers, for holiday schedules.

NOTE:

It is important to have all necessary information on hand prior to calling AVRS. AVRS is designed to give callers several chances to enter or correct data; however, the system will terminate the call if you fail to enter correct data within the allowed number of attempts, or if you cause the system to time-out. Please refer to Section L.1.4, Time-outs, Invalid Data, and Errors, for more information.

AVRS enables callers to access the following data:

Press Menu Option	To Retrieve Information About
1	Check amount, including check amount for the current checkwrite, and the number of suspended claims and total pending billed amount for the current checkwrite.
2	Claim status, including the following information for pharmacy, Medicare-related, and non-Medicare related claims: • Paid amount and checkwrite date for paid claims • Message that the claim is in process for suspended claims • EOB codes and EOP date for claim denials • Procedure code that denied (for non-pharmacy claims, as appropriate) • ICN and date the claim was voided for voided claims • ICN and date the claim was refunded for refunded claims

Press Menu Option	To Retrieve Information About
3	Recipient eligibility verification, including the following eligibility information: • Check digit for recipient number entered • Recipient last and first names • Current recipient number and check digit • Issue number for recipient ID card • Recipient date of birth and sex • Eligibility start and stop dates corresponding to the month of eligibility entered • Screening information • County code

Press Menu Option	To Retrieve Information About
3 (cont.)	Message to indicate whether recipient has other insurance (if recipient has other insurance, providers should access the Other Insurance menu option that follows the eligibility response) Maternity Care information, if applicable - Recipient aid category - Lock-in, lock-out, Long Term Care, and waiver information - Managed care information, including plan, PMP name, phone number, and 24-hour phone number; includes Medicare HMO information. At the end of the verification response, you may also retrieve the following recipient information using the recipient sub-menu: **Benefit limits** (option 2 on the sub-menu), including inpatient, outpatient, and physician counts; eyeglass limitation counts; and other counts **Other insurance** (option 3 on the sub-menu), including Medicare information, HIC number, and the following third party policy information (for up to three policies): − Policy number − Company code − Subscriber name and SSN − Coverage dates − Policy coverage information − Coverage limitation (values are No restriction; Accident; Cancer; Medicare Supplement; and Managed Care) − Health Insurance Premium (HIP) information
4	Drug pricing information for the dispense date entered
5	Procedure code pricing information, including prior authorization requirements
6	Prior authorization verification, including recipient number, procedure code or NDC, start date, stop date, units authorized, and units used for the PA number entered

Press Menu Option	To Retrieve Information About
7	Recipient household members. Allows the user to find a recipient Medicaid number for a member of the recipient's household. Information returned includes the following: - recipient number - name - date of birth - sex - race - certifying program.

L.1.2 AVRS Spoken Requests and Responses

AVRS provides a spoken response to queries entered using a touch tone phone. Based on the information you enter, or the menu options you select, AVRS will provide a custom response. AVRS does this by translating responses to the data you enter into speech patterns.

Messages are spoken as recorded, because these do not change. However, other words, such as names, are spelled out. For instance, AVRS translates the last name "Doe" as D-O-E.

Likewise, AVRS speaks number values one number at a time. For example, the number '155' is spoken as 'one-five-five', rather than 'one hundred fifty-five'.

If the response represents a dollar amount, AVRS provides the response in a monetary format. For example, the dollar value '128432' is represented as 'one thousand, two hundred eighty-four dollars and thirty-two cents'.

AVRS translates date responses in a Gregorian format (the manner in which most of us express dates). For instance, the date '05/14/99' is spoken as 'May fourteenth, nineteen ninety-nine'.

L.1.3 Special Function Keys

You will receive better, faster results using AVRS if you understand how to use the following special function keys.

End of Data

Because the length of data you enter may vary (for instance, most providers have nine-digit numbers, but some have eight-digit numbers), you must signal AVRS when you have finished entering data. The pound sign (#) is the symbol you use to do this. You should always enter the pound sign key to mark the end of the data you have just entered. The following examples illustrate how to use the pound sign (#) to mark the end of data:

To enter provider number 123456789   Press 123456789#

To enter procedure code 11111   Press 11111#

Repeat Response or Prompt

AVRS is designed to provide you the information you need by using a series of prompts and responses. The system 'speaks' requests to you, such as available menu options, or a request to enter data. If you want AVRS to repeat the message, press the asterisk (*) key on your touch tone phone.

Alphabetic Data

AVRS uses information keyed on a touch tone phone, which does not provide a key for each letter of the alphabet. Sometimes, you will have to enter data that contains letters as well as numbers (for instance, some provider numbers contain letters and numbers). To do this, you must use a combination of the asterisk (*) key and **two** numbers to represent a particular letter.

The table below describes the number combinations that represent the letters of the alphabet:

A - *21	G - *41	M - *61	S - *73	Y - *93
B - *22	H - *42	N - *62	T - *81	Z - *12
C - *23	I - *43	O - *63	U - *82	
D - *31	J - *51	P - *71	V- *83	
E - *32	K - *52	Q - *11	W - *91	
F - *33	L - *53	R - *72	X - *92	

Using this table as a guide, enter data with a combination of letters and number in the following way:

Actual Provider Number   ABC0099D

Enter the following in AVRS   *21 *22 *23 0099 *31

AVRS reads back this number   ABC0099D

Void Data

If you enter a string of data (for instance, a provider number or recipient number), and make a mistake, enter two asterisks (**) to indicate that all the data you have entered in the current field should be deleted, and the data following the asterisk should be used in its place. This does not delete any data you entered as a result of a previous AVRS prompt. The following example demonstrates this functionality:

You enter   1245**123456789

AVRS reads back this number   123456789

You enter   *21224***22224

AVRS reads back this number   B224

Cancel Function

To cancel a transaction, press *99# at any prompt. AVRS will return to the main menu.

L.1.4   Time-outs, Invalid Data, and Errors

AVRS can respond only to what is entered by you, the caller. To receive information from AVRS, you must enter valid data in the correct format. When you make an error or fail to enter information when prompted, AVRS gives you another chance to correct the mistake. If you do not correct the error or respond in a timely fashion, AVRS will end the call.

Maximum Errors Exceeded

You have three chances to enter correct data when prompted. If you exceed the limit, AVRS plays the following message:

We're sorry – the data you entered is invalid. If you would like assistance from the Provider Assistance Center, press 0.

If you press 0, AVRS transfers you to the Provider Assistance Center, which will assist you during normal business hours. If you do not press 0 within 10 seconds, AVRS ends the call.

Maximum Time-outs Exceeded

You have ten seconds to enter requested data. The first time you exceed this limit, AVRS prompts you to enter the data. If you exceed the limit a second time, AVRS plays the following message:

You have not responded with the requested information. If you would like assistance from the Provider Assistance Center, press 0.

If you press 0, AVRS transfers you to the Provider Assistance Center, which will assist you during normal business hours. If you do not press 0 within 10 seconds, AVRS ends the call.

Invalid Data

If you enter a value that is not described as a menu option (for instance, if you press '9' after listening to the main menu, when '9' is not a valid option), AVRS plays the following:

Invalid option. Please re-enter.

AVRS then replays the menu options.

Maximum Transactions Exceeded

To ensure AVRS is available to all providers, you are limited to ten (10) transactions per phone call. For each main menu item, AVRS counts **one** transaction using the following criteria:

- For 'Check Amount,' (Option 1), each time you enter a different provider number

- For 'Claims Status' (Option 2), each time you check another claim for the same recipient, or each time you check a claim for a different recipient

- For 'Recipient Eligibility Verification' (Option 3), each time you verify eligibility for a recipient

- For 'Drug Pricing Information' (Option 4), each time you enter an NDC

- For 'Procedure Code Pricing Information' (Option 5), each time you enter a procedure code

- For 'Prior Authorization Verification' (Option 6), each time you enter a prior authorization number

- For 'Household Inquiry' (Option 7), each time you request an inquiry for recipient household information

When you exceed the ten transaction limit, AVRS ends the call after playing the following message:

> *In order to serve as many callers as possible, we must limit the number of inquiries per call. Please call again for any additional inquiries you may have.*

L.2   Accessing the AVRS Main Menu

When you dial 1 (800) 727-7848 to access AVRS, the system supplies the following greeting:

> *Good morning (good afternoon, or good evening). Welcome to the Alabama Medicaid Voice Response Inquiry System.*

If the system is unavailable, the following message plays:

> *The Alabama Medicaid Voice Response Inquiry System is currently unavailable. Please call back later or call the Provider Assistance Center at 1 (800) 392-5741 between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.*

If AVRS is available, the system provides the main menu. Callers may choose from the following menu options:

- Check amount (press 1)

- Claims status (press 2)

- Recipient eligibility verification (press 3)

- Drug pricing information (press 4)

- Procedure code pricing information (press 5)

- Prior authorization verification (press 6)

- Recipient Household Information (press 7)

- Provider Assistance Center (press 0)

Providers calling from a rotary phone are instructed to hold for the provider unit during normal business hours, or to call back during normal business hours to speak with a representative of the Provider Assistance Center.

L.3   Verifying a Check Amount

To verify a check amount, press 1 (the number one) from the Main Menu. AVRS prompts you to enter your Alabama Medicaid provider number. After AVRS verifies your provider number, the system returns the following information:

- Check amount for the current checkwrite

- Number of suspended claims and total pending billed amount for the current checkwrite

Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the checkwrite response

- Press 2 to obtain checkwrite information for another provider number

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

NOTE:

AVRS returns check amount information based on the payee, or billing provider number. You must have a valid payee provider number in order to complete a successful query. For group practices where several providers receive a single check, the check amount given will be for the entire group.

L.4   Accessing Claims Status

To access claims status, press 2 (the number two) from the Main Menu. AVRS prompts you for your billing provider number and the Alabama Medicaid recipient ID number entered on the claim form. Once you have entered this data, you may choose from the following options, as prompted by AVRS:

- Press 1 for pharmacy claims

- Press 2 for non-Medicare related claims

- Press 3 for Medicare related claims

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

L.4.1   *Pharmacy Claim Status*

To access claims status for pharmacy claims, you must enter the following data:

- Eleven-digit NDC, followed by the pound sign

- Dispensed date in MMDDCCYY format, followed by the pound sign

- Billed amount, including dollars and cents, followed by the pound sign. **Do not include a decimal point. You may enter a maximum of nine digits.**

AVRS has now collected the required input data, and can perform a query to retrieve the requested information. If AVRS cannot find a match for the provider or recipient, the system prompts you to re-enter the data. If the provider and recipient data are valid, AVRS returns one of the following responses:

- System could not find a claim that matches the search criteria

- Paid amount, checkwrite date, and ICN for paid claims

- Message that the claim is in process for suspended claims

- EOB codes and EOP date for claim denials

The system also returns similar messages if more than one claim matches the search criteria. Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the claim status response

- Press 2 to check another claim for the same recipient

- Press 3 to check a claim for another recipient

- Press 4 to enter another provider number

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

L.4.2   *Non-Medicare Claim Status*

To access claims status for non-Medicare claims, you must enter the following data:

- From date of service in MMDDCCYY format, followed by the pound sign.

- Through date of service in MMDDCCYY format, followed by the pound sign.

- Billed amount, including dollars and cents, followed by the pound sign. **Do not include a decimal point. You may enter a maximum of nine digits.**

AVRS has now collected the required input data, and can perform a query to retrieve the requested information. If AVRS cannot find a match for the provider or recipient, the system prompts you to re-enter the data. If the provider and recipient data are valid, AVRS returns one or more of the following responses:

- System could not find a claim that matches the search criteria
- Paid amount, checkwrite date, and ICN for paid claims
- Message that the claim is in process for suspended claims
- EOB codes and EOP date for claim denials
- Line item number, procedure or revenue code, and EOB code for each denied line item
- Paid amount, checkwrite date, and ICN for partially paid claims
- Line item, procedure or revenue code, and paid amount for each paid detail on a partially paid claim
- Line item, procedure or revenue code, and EOB code for each denied detail on a partially paid claim

The system also returns similar messages if more than one claim matches the search criteria. Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the claim status response
- Press 2 to check another claim for the same recipient
- Press 3 to check a claim for another recipient
- Press 4 to enter another provider number
- Press 9 to return to the Main Menu
- Press 0 to speak with a Provider Assistance representative (please note that the Provider Assistance Center is available during normal business hours only)
- Hang up to end the call

L.4.3 Medicare Claim Status

To access claims status for non-Medicare claims, you must enter the following data:

- From date of service in MMDDCCYY format, followed by the pound sign.
- Through date of service in MMDDCCYY format, followed by the pound sign.
- Allowed amount, from your Explanation of Medicare Benefits, including dollars and cents, followed by the pound sign. **Do not include a decimal point. You may enter a maximum of nine digits.**

AVRS has now collected the required input data, and can perform a query to retrieve the requested information. If AVRS cannot find a match for the provider or recipient, the system prompts you to re-enter the data. If the provider and recipient data are valid, AVRS returns one or more of the following responses:

- System could not find a claim that matches the search criteria

- Paid amount, checkwrite date, and ICN for paid claims

- Message that the claim is in process for suspended claims

- EOB codes and EOP date for claim denials

- Line item number, procedure or revenue code, and EOB code for each denied line item

- Message that claim has been voided, and the ICN for voided claim

- Message that claim has been partially refunded and ICN for partially refunded claim

- Message that claim has been fully refunded, and ICN for previous paid claim

The system also returns similar messages if more than one claim matches the search criteria. Once you have listened to the response, you may choose from the following options, as prompted by AVRS:

- Press 1 to repeat the claim status response

- Press 2 to check another claim for the same recipient

- Press 3 to check a claim for another recipient

- Press 4 to enter another provider number

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

L.4.4 Verifying Recipient Eligibility

To verify recipient eligibility, press 3 (the number three) from the Main Menu. AVRS prompts you for the following:

- Your Alabama Medicaid provider number, followed by the pound sign

- A valid Alabama Medicaid recipient number, followed by the pound sign

- Eligibility date, either for the current month (simply press the pound (#) sign) or for a previous month for which you must enter the date in mmccyy format, followed by the pound sign

- Patient account number, if applicable (to bypass this, simply press the pound (#) sign)

NOTE:

The patient account number is an optional field. It reflects your internal patient account number. You may find it helpful to enter this number if you wish to receive a fax response and would like the number to display on the response. You may enter a maximum of 15 digits.

AVRS verifies the data you entered (except for the patient account number) and returns a message if the recipient is not eligible for the eligibility dates entered. If the recipient is eligible, you may choose from the following options, as prompted by AVRS:

- Press 1 for eligibility information

- Press 2 for benefit limits

- Press 3 for other insurance

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

L.4.5   General Eligibility Information

You can receive a faxed copy of the eligibility response. Instructions are provided below. AVRS provides the following eligibility information for the recipient number entered:

- Check digit for recipient number entered

- Recipient last and first names

- Current recipient number and check digit

- Issue number for recipient ID card

- Recipient date of birth and sex

- Eligibility start and stop dates corresponding to the month of eligibility entered

- County code

- Message to indicate whether recipient has other insurance (if recipient has other insurance, providers should access the Other Insurance menu option that follows the eligibility response)

- Maternity Care information, if applicable

- Recipient aid category

- Lock-in, lock-out, Long Term Care, and waiver information

- Managed care information, including plan name, PMP name, PMP phone number, and 24-hour phone number; includes Medicare HMO coverage.

Once the response has played, you may choose from the following options, prompted by AVRS:

- Press 1 to repeat the message

- Press 2 to receive a fax of the eligibility information

- Press 3 to continue

Receiving a Fax

When you select Option 2, AVRS prompts you to enter your ten-digit fax number (three-digit area code plus the seven-digit number), followed by the pound (#) sign. The system will send a fax transmission to the number you entered and will repeat the menu options listed above.

Selecting Option 3 to Continue

Option 3 accesses a menu that enables you to do the following:

- Press 1 to continue researching eligibility, such as benefit limits or other insurance, for the same recipient

- Press 2 to verify eligibility for another recipient

- Press 3 to enter another provider number

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

If you select Option 1, AVRS allows you to check benefit limits or other insurance for the recipient number you entered.

L.4.6   *Benefit Limits*

To access benefit limits for the recipient number you entered, choose from the following options:

- Press 1 for inpatient, outpatient, and physician counts

- Press 2 for eyeglass limitation counts

- Press 3 for dental limits

- Press 4 for other counts

- Press 5 to repeat the message

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

If you choose options 1-4, AVRS responds with the applicable limitation information, then prompts you to select from the following:

- Press 1 to repeat the response

- Press 2 to receive a fax

- Press 3 to inquire on other limits for the recipient you entered

- Press 4 to continue

To receive a fax, select the appropriate option and enter your ten-digit fax number (three-digit area code plus seven-digit number), followed by the pound sign. If you select Option 4 (to continue), AVRS allows you to request another type of recipient information for the same recipient; check eligibility for another recipient; enter another provider number; return to the Main Menu; speak with a Provider Assistance Center representative; or end the call.

Inpatient, Outpatient, and Physician Counts

AVRS provides the effective date of the limitation counts and the paid and suspended counts for the following limits:

- Inpatient hospital days

- Outpatient hospital days

- Physician office visits

Eyeglass Limitation Counts

AVRS provides the effective date of the limitation counts and the paid and suspended counts for the following limits:

- Eyeglass frames

- Eyeglass lenses

- Eyeglass fitting exams

- Eyeglass exams

Other Counts

AVRS provides the effective date of the limitation counts and the paid and suspended counts for the following limits:

- Home health visits

- Ambulatory surgery center visits

- Dialysis services

Screening Information

AVRS provides the last EPSDT screening date for the following screening types:

- Medical screening

- Dental screening

- Hearing screening

Please note that EPSDT screenings for recipients under three years of age occur more frequently than yearly. Please refer to Appendix A, EPSDT, for screening schedules.

L.4.7   Other Insurance

AVRS provides Medicare and non-Medicare related information when you select the Other Insurance option. First, AVRS will identify whether the recipient you entered has no Medicare coverage, Medicare Part A, Medicare Part B, or both A and B. If the recipient has Medicare coverage, AVRS provides the Medicare HIC number.

AVRS then indicates the number of third party policies on file for the recipient. AVRS will provide the following information for up to three (3) third party policies:

- Policy number

- Company code

- Subscriber name and SSN

- Coverage dates

- Policy coverage information

- Coverage limitation (values are No restriction; Accident; Cancer; Medicare Supplement; and Managed Care)

- Health Insurance Premium (HIP) information

When the response concludes, AVRS provides you with the following options:

- Press 1 to repeat the response

- Press 2 to receive a fax

- Press 3 to continue

To receive a fax, select the appropriate option and enter your ten-digit fax number (three-digit area code plus seven-digit number), followed by the pound sign. If you select Option 3 (to continue), AVRS allows you to request another type of recipient information for the same recipient; check eligibility for another recipient; enter another provider number; return to the Main Menu; speak with a Provider Assistance Center representative; or end the call.

L.5 Accessing Pricing Information

AVRS allows you to verify pricing information for NDCs and procedure codes.

L.5.1 Drug Pricing

To verify pricing information for drugs, press 4 (the number 4) from the main menu. AVRS prompts you for the following:

- Your Alabama Medicaid provider number, followed by the pound sign

- A valid, 11-digit NDC, followed by the pound sign

- The dispense date in MMDDCCYY format, followed by the pound sign.

AVRS performs a query and responds with the MAC price on file and whether the NDC requires a prior authorization. The system then allows you to choose from the following options:

- Press 1 to repeat the message

- Press 2 to check another NDC for the same provider

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

L.5.2 Procedure Code Pricing

To verify pricing information for procedure codes, press 5 (the number 5) from the main menu. AVRS prompts you for the following:

- Your Alabama Medicaid provider number, followed by the pound sign

- A valid, five-digit procedure code, followed by the pound sign

- The date of service in MMDDCCYY format, followed by the pound sign.

- The type of service code, followed by the pound sign.

AVRS performs a query and responds with the price on file and whether the procedure code requires a prior authorization. The system then allows you to choose from the following options:

- Press 1 to repeat the message

- Press 2 to check another procedure code for the same provider

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

> **NOTE:**
>
> A cross-reference table for type of service to procedure codes is included at the end of this Quick Reference Guide. Please ensure that your selection matches the procedure code for which you are requesting pricing information.

L.6 Inquiring About Prior Authorization Information

To inquire about approved prior authorizations (PAs), press 6 (the number 6) from the main menu. AVRS prompts you for the following:

- Your Alabama Medicaid provider number, followed by the pound sign

- The ten-digit prior authorization number, followed by the pound sign

AVRS performs a query and responds with the following information for the PA:

- Recipient number

- Procedure code or NDC, if applicable (some PAs do not require procedure codes or NDCs)

- Start and stop dates

- Units authorized

- Dollars Authorized

- Units used

- Dollars Used

When the response concludes, AVRS provides you with the following options:

- Press 1 to repeat the message

- Press 2 to check another Procedure Code or NDC for the same provider

- Press 9 to return to the Main Menu

- Press 0 to speak with a Provider Assistance Center representative (please note that the Provider Assistance Center is available during normal business hours only)

- Hang up to end the call

L.7 Recipient Household Inquiry

To request information about recipient household members, press 7 (the number 7) from the main menu. AVRS prompts you for the following:

- Your Alabama Medicaid provider number, followed by the pound sign

- The parent/guardian's 12-digit recipient Medicaid number or the parent/guardian's 9-digit Social Security Number, followed by the pound sign

- The household member's date of birth

AVRS performs a query and responds with the following information for the household inquiry:

- Recipient Number

- Recipient Name

- Recipient Date of Birth

- Recipient Race

- Recipient Sex

- Certifying Program

When the response concludes, AVRS provides you with the following options:

- To continue, press 1.

- To repeat the message just heard, press 2.

- To hear the previous recipient's information, press 3.

- To repeat this recipient's information, press 4.

- To enter another provider number, press 5.

- To perform another transaction with a different recipient, press 6.

- To enter another Date of Birth for the same parent/guardian, press 7.

- To return to the main menu, press 9.

- To speak to a Provider Assistance Center representative, press 0.

L.8 Type of Service Cross Reference Table

Inclusion or exclusion of a procedure, supply, product, or service does not imply Medicaid coverage or reimbursement. The pricing file must be verified to determine coverage and reimbursement amounts.

If you bill on a CMS-1500 or Medical Medicaid/Medicare-related Claim Form, use the TOS identified for the procedure on the TOS Cross Reference Table below, except for Medical Medicaid/Medicare-related claims for Ambulatory Surgical Centers, use TOS S.

To verify coverage and reimbursement for the professional component (Modifier 26) of a procedure, use TOS X.

To verify coverage and reimbursement for the technical component (Modifier TC) of a procedure, use TOS S.

To verify coverage and reimbursement for the rental (Modifier RR) of a Durable Medical Equipment procedure, use TOS R.

To verify coverage and reimbursement for maintenance (Modifier MS) of a Durable Medical Equipment procedure, use TOS R.

To compute reimbursement for the surgical assistant fees (Modifiers 80, 81, or 82) of a procedure, use the TOS given on the table for the procedure to determine the reimbursement rate for the procedure, then multiple the rate for the procedure by 16%.

The administrative fee for the Vaccine for Children program is $8.00 for all procedures. The price listed for TOS 1 is not applicable for VFC.

If you bill on a UB-92 or Institutional Medicaid/Medicare-related Claim Form, use TOS "S" for all procedures except for:

- Injectable drugs use TOS given on the table

- Home health providers use TOS given on the table

If you bill on the dental claim, use TOS D.

Replaced table

From Procedure	To Procedure	TOS
0001F	0011F	9
0500F	0500F	9
0501F	0503F	1
1000F	1008F	1
2000F	2004F	1
3000F	3002F	1
4000F	4003F	1
4006F	4006F	1
4009F	4009F	1
4011F	4011F	2
4012F	4012F	1
4014F	4018F	1
0001T	0002T	2
0003T	0003T	9
0005T	0009T	2
0010T	0010T	5
0012T	0020T	2
0021T	0021T	1
0023T	0023T	5
0024T	0024T	2
0025T	0026T	9
0027T	0027T	4
0028T	0028T	9
0029T	0029T	9
0030T	0030T	5
0031T	0041T	2

From Procedure	To Procedure	TOS
0042T	0042T	4
0043T	0043T	9
0044T	0044T	9
0045T	0057T	2
0058T	0058T	5
0059T	0063T	2
0064T	0064T	1
0065T	0065T	2
0066T	0072T	4
0073T	0073T	1
0074T	0076T	6
0077T	0080T	2
0081T	0083T	6
0084T	0084T	5
0085T	0085T	1
0086T	0086T	5
0087T	0088T	6
0089T	0102T	2
0103T	0117T	9
0120T	0124T	2
0126T	0126T	9
0130T	0130T	9
0133T	0133T	2
0135T	0135T	2
0137T	0137T	2
0140T	0144T	2
0145T	0153T	4
0154T	0154T	9
00100	01999	7
10000	36414	2
36415	36415	5
36416	63689	2
63690	63691	5
63692	69979	2
69990	69990	2
70010	75893	4
75894	75896	6
75897	75898	4
75900	75900	6
75901	75901	4
75902	75955	6
75956	75958	4
75959	75969	6
75970	75971	4
75978	75990	6
75992	76081	4
76082	76083	1
76084	76091	4
76092	76092	C
76093	76935	4
76936	76943	6

From Procedure	To Procedure	TOS
76945	76945	4
76946	76965	6
76970	77260	4
77261	77799	6
78000	78999	4
79000	79999	6
80002	80440	5
80500	80502	3
81000	88319	5
88321	88334	3
88342	89399	5
90000	90654	1
90655	90660	V
90665	90665	1
90669	90669	V
90675	90723	1
90724	90724	V
90725	90731	1
90732	90732	V
90733	90749	1
90760	90761	1
90765	90768	1
90772	90775	1
90779	90779	1
90780	90799	1
90801	90899	1
90901	90911	1
90918	90921	M
90922	90999	1
91000	91021	2
91022	91022	1
91023	91033	2
91034	91038	1
91040	91040	5
91052	91110	2
91120	91120	5
91122	91299	2
92002	92510	1
92511	92511	2
92512	92534	1
92541	92596	5
92597	92598	1
92599	92599	5
92601	92610	1
92611	92616	2
92617	92617	1
92620	92621	1
92625	92627	1
92630	92630	1
92633	92633	1
92700	92700	1

From Procedure	To Procedure	TOS
92950	92974	1
92975	92998	2
93000	93350	5
93501	93612	2
93613	93613	5
93614	93659	2
93660	93661	5
93662	93667	2
93668	93668	9
93669	93726	5
93727	93727	1
93728	93740	5
93741	93744	1
93745	94621	5
94640	94668	1
94680	94799	5
95000	95199	1
95250	95250	1
95251	95251	5
95805	96004	5
96100	96117	1
96118	96120	5
96150	96155	1
96400	96912	1
96913	96913	5
96920	96921	2
96922	96922	1
96999	97804	1
97810	97814	1
98925	99069	1
99070	99071	9
99075	99091	1
99100	99145	7
99148	99150	7
99170	99170	5
99172	99173	Q
99175	99199	1
99201	99239	1
99241	99275	3
99281	99440	1
99450	99456	9
99499	99539	1
99551	99569	9
99600	99600	1
99601	99602	9
A0010	A0999	9
A1344	A1344	9
A2000	A2000	1
A4035	A4035	9
A4190	A4205	9
A4206	A4212	P

From Procedure	To Procedure	TOS
A4213	A4213	9
A4214	A4214	P
A4215	A4222	9
A4223	A4223	P
A4230	A4300	9
A4301	A4457	P
A4458	A4458	S
A4459	A4460	P
A4462	A4462	P
A4464	A4519	P
A4520	A4538	9
A4539	A4595	P
A4605	A4605	9
A4606	A4608	P
A4610	A4610	9
A4611	A4613	P
A4614	A4614	9
A4615	A4641	P
A4642	A4643	9
A4644	A4649	P
A4650	A4930	L
A4931	A4931	9
A4932	A4932	P
A5051	A5507	P
A5508	A5513	J
A6000	A6000	P
A6010	A6024	S
A6025	A6025	9
A6154	A6407	S
A6410	A6410	S
A6411	A6411	Q
A6412	A6412	S
A6421	A6422	S
A6424	A6424	S
A6426	A6426	S
A6428	A6428	S
A6430	A6430	S
A6432	A6432	S
A6434	A6434	S
A6436	A6436	S
A6438	A6438	S
A6440	A6457	S
A6501	A6511	S
A6512	A6513	P
A6530	A6544	P
A6549	A6549	P
A6550	A6551	P
A7000	A7020	P
A7025	A7026	P
A7030	A7046	P
A7501	A7509	P

From Procedure	To Procedure	TOS
A7520	A7525	P
A7526	A7526	9
A9150	A9190	9
A9270	A9300	9
A9500	A9521	4
A9522	A9522	6
A9523	A9523	4
A9524	A9524	6
A9525	A9533	4
A9534	A9534	6
A9535	A9561	4
A9562	A9563	4
A9564	A9567	4
A9698	A9698	4
A9600	A9605	6
A9699	A9699	9
A9700	A9700	4
A9900	A9901	9
A9999	A9999	E
ATP02	ATP22	5
B4034	B4099	P
B4100	B4104	E
B4149	B4149	E
B4150	B4156	P
B4157	B4162	E
B4164	B5200	P
B9000	B9999	9
C0001	C9999	S
D0110	D9999	D (see *)
E0100	E0143	P
E0144	E0144	R
E0145	E0326	P
E0350	E0352	9
E0370	E0373	P
E0424	E0435	P
E0439	E0445	P
E0450	E0455	P
E0457	E0550	P
E0555	E0565	P
E0570	E0589	P
E0590	E0590	R
E0591	E0601	P
E0602	E0602	9
E0603	E0616	P
E0617	E0617	9
E0618	E0731	P
E0740	E0740	9
E0744	E0783	P
E0784	E0786	9
E0787	E1389	P
E1390	E1390	R

From Procedure	To Procedure	TOS
E1391	E1499	P
E1500	E1500	L
E1501	E1636	P
E1637	E1639	L
E1640	E1702	P
E1800	E1841	P
E1900	E1900	P
E1902	E1902	9
E2000	E2599	P
E2601	E2621	P
E8000	E8002	P
GV263	GV263	9
G0001	G0001	5
G0002	G0002	2
G0004	G0007	5
G0008	G0009	V
G0010	G0010	1
G0015	G0016	5
G0025	G0025	P
G0026	G0027	5
G0030	G0050	4
G0051	G0053	2
G0054	G0060	5
G0061	G0061	2
G0062	G0063	4
G0064	G0066	1
G0071	G0094	1
G0095	G0098	5
G0100	G0100	5
G0101	G0102	1
G0103	G0103	5
G0104	G0105	2
G0106	G0106	4
G0107	G0107	5
G0108	G0113	1
G0114	G0114	3
G0115	G0118	1
G0120	G0120	4
G0121	G0121	2
G0122	G0122	4
G0123	G0124	5
G0125	G0126	4
G0127	G0127	2
G0128	G0128	1
G0129	G0129	9
G0130	G0132	4
G0133	G0133	9
G0141	G0148	5
G0151	G0156	1
G0159	G0160	2
G0161	G0161	6

From Procedure	To Procedure	TOS
G0163	G0165	4
G0166	G0169	1
G0170	G0171	2
G0172	G0172	9
G0173	G0174	2
G0175	G0175	1
G0176	G0179	U
G0180	G0182	1
G0183	G0188	2
G0190	G0202	1
G0204	G0236	4
G0237	G0241	1
G0242	G0243	2
G0244	G0247	1
G0248	G0248	S
G0249	G0249	1
G0250	G0254	4
G0255	G0255	2
G0256	G0259	1
G0260	G0260	2
G0261	G0261	4
G0262	G0263	1
G0264	G0266	5
G0267	G0271	1
G0272	G0273	6
G0274	G0275	2
G0278	G0279	5
G0280	G0283	1
G0288	G0290	2
G0291	G0291	1
G0292	G0293	2
G0294	G0295	1
G0296	G0299	2
G0300	G0304	1
G0305	G0306	5
G0307	G0327	1
G0328	G0328	5
G0329	G0329	4
G0336	G0337	1
G0341	G0343	2
G0344	G0363	1
G0364	G0364	2
G0365	G0367	5
G0368	G0372	1
G0374	G0379	1
G3001	G3001	1
G9001	G9036	1
G9041	G9044	1
H0001	H0048	9
H1000	H1005	9
H1010	H1011	9

From Procedure	To Procedure	TOS
H2000	H2000	9
H2001	H2001	1
H2002	H2099	9
H5010	H5010	P
H5030	H5030	1
H5060	H5060	1
H5300	H5300	U
J0110	J0110	1
J0120	J7508	1
J7509	J7510	G
J7511	J7511	1
J7512	J7599	G
J7608	J7608	1
J7610	J7617	9
J7618	J7619	1
J7620	J7627	9
J7628	J7629	1
J7630	J7630	9
J7631	J7631	1
J7632	J7634	9
J7635	J7639	1
J7640	J7641	9
J7642	J7644	1
J7645	J7647	9
J7648	J7649	1
J7650	J7657	9
J7658	J7659	1
J7668	J7669	1
J7670	J7670	9
J7674	J7674	1
J7675	J7679	9
J7680	J7684	1
J7685	J7799	9
J8499	J9999	1
KOO16	KOO16	P
KOO53	KOO53	P
K0001	K0007	P
K0010	K0045	P
K0047	K0118	P
K0119	K0125	G
K0126	K0165	P
K0166	K0167	G
K0168	K0284	P
K0285	K0285	9
K0400	K0400	P
K0401	K0401	J
K0402	K0406	S
K0407	K0412	P
K0417	K0452	P
K0453	K0453	1
K0455	K0455	R

From Procedure	To Procedure	TOS
K0456	K0461	P
K0462	K0462	9
K0501	K0530	P
K0531	K0534	R
K0538	K0559	P
K0581	K0597	P
K0601	K0608	P
K0609	K0609	L
K0615	K0618	P
K0619	K0620	S
K0627	K0669	P
K0730	K0732	P
L0100	L8699	P
L9900	L9900	9
M0005	M0101	1
M0300	M0301	2
M0302	M0302	5
M0702	M0702	1
P0023	P2025	5
P2028	P7001	5
P9010	P9040	0
P9041	P9052	9
P9053	P9053	0
P9054	P9054	9
P9055	P9057	0
P9058	P9060	9
P9603	P9615	5
Q0005	Q0009	1
Q0020	Q0034	1
Q0035	Q0035	5
Q0036	Q0047	1
Q0059	Q0062	2
Q0068	Q0068	5
Q0081	Q0086	1
Q0091	Q0091	1
Q0092	Q0092	4
Q0093	Q0094	1
Q0095	Q0102	5
Q0103	Q0104	1
Q0105	Q0107	P
Q0108	Q0110	1
Q0111	Q0116	5
Q0117	Q0123	1
Q0124	Q0124	V
Q0125	Q0125	1
Q0126	Q0126	5
Q0132	Q0132	1
Q0134	Q0134	P
Q0136	Q0137	1
Q0144	Q0144	1
Q0156	Q0158	1

From Procedure	To Procedure	TOS
Q0160	Q0161	1
Q0163	Q0181	1
Q0182	Q0185	S
Q0186	Q0187	1
Q0480	Q0499	P
Q0500	Q0505	P
Q0510	Q0510	1
Q0511	Q0515	1
Q1001	Q1005	F
Q2001	Q2022	1
Q3000	Q3012	4
Q3014	Q3020	9
Q3021	Q3026	1
Q3031	Q3031	S
Q4001	Q4051	S
Q4052	Q4055	1
Q4075	Q4079	1
Q4080	Q4080	1
Q9920	Q9964	1
R0070	R0076	4
S0016	S0077	1
S0079	S0087	1
S0088	S0107	9
S0108	S0108	1
S0109	S0111	9
S0112	S0112	1
S0113	S0113	9
S0114	S0115	1
S0116	S0116	9
S0117	S0118	1
S0122	S0135	1
S0136	S0155	9
S0158	S0169	1
S0170	S0170	1
S0171	S0187	9
S0189	S0189	1
S0190	S0194	1
S0195	S0195	9
S0196	S0199	1
S0201	S0201	9
S0206	S0206	2
S0207	S0395	9
S0400	S0400	Q
S0500	S0622	9
S0625	S0625	9
S0812	S0812	Q
S1001	S1002	P
S1025	S1025	1
S1030	S1031	P
S1040	S1040	9
S2065	S2065	2

From Procedure	To Procedure	TOS
S2068	S2068	2
S2078	S2078	2
S2070	S2070	9
S2075	S2077	9
S2080	S2080	9
S2082	S2083	2
S2085	S2085	9
S2090	S2091	9
S2095	S2095	9
S2107	S2107	9
S2112	S2112	2
S2113	S2117	9
S2115	S2115	9
S2130	S2130	9
S2131	S2131	2
S2135	S2135	9
S2150	S2261	9
S2262	S2262	2
S2263	S2264	9
S2265	S2267	2
S2268	S2363	9
S2400	S2411	2
S2900	S2900	2
S3000	S3000	9
S3005	S3005	1
S3600	S3701	9
S3818	S3819	5
S3820	S3889	9
S3890	S3890	5
S3891	S7049	9
S7050	S7050	S
S7051	S8030	9
S8037	S8037	4
S8042	S8042	9
S8055	S8264	9
S8265	S8265	S
S8266	S8432	9
S8433	S8433	P
S8434	S9119	9
S9120	S9120	P
S9121	S9561	9
S9562	S9562	1
S9563	S9589	9
S9590	S9590	1
S9591	S9801	9
S9802	S9802	1
S9803	S9904	9
S9905	S9908	S
S9909	S9989	9
T1000	T1014	9
T1015	T1015	1

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From Procedure	To Procedure	TOS
T1016	T1031	9
T1500	T1502	9
T1999	T2099	9
T2101	T2101	9
T4521	T4542	9
T5001	T5001	9
T5999	T5999	9
V0100	V0105	1
V2020	V2025	9
V2100	V2118	9
V2121	V2121	9
V2199	V2221	9
V2299	V2321	9
V2399	V2399	9
V2410	V2410	9
V2430	V2430	9
V2499	V2513	9
V2520	V2523	9
V2530	V2531	9
V2599	V2600	9
V2610	V2615	9
V2623	V2628	P
V2629	V2799	9
V5008	V5020	K
V5030	V5094	9
V5095	V5095	K
V5096	V5220	9
V5230	V5299	K
V5336	V5336	1
V5362	V5364	1
WW002	WW094	1
W0200	W4165	9
W9200	W9210	9
W9220	W9840	9
X0285	X0285	9
X1015	X1745	1
X2000	X2015	P
X2035	X2073	9
X2074	X2074	P
X2091	X2095	9
X2098	X2098	P
X2780	X2780	9
X2920	X2920	9
X4100	X4100	P
X4120	X4120	P
X4310	X4310	9
X5140	X5146	9
X6200	X6200	P
X6202	X6202	9
X6205	X6215	P
X6218	X6218	P

From Procedure	To Procedure	TOS
X6220	X6222	9
X6224	X6224	9
X6226	X6233	9
Y4100	Y8172	9
Z0001	Z4999	1
Z5015	Z5015	2
Z5027	Z5027	2
Z5061	Z5062	9
Z5064	Z5074	9
Z5076	Z5109	5
Z5114	Z5116	1
Z5117	Z5117	P
Z5119	Z5122	P
Z5124	Z5134	P
Z5135	Z5144	9
Z5145	Z5149	1
Z5150	Z5152	9
Z5153	Z5155	1
Z5158	Z5158	S
Z5159	Z5172	9
Z5173	Z5178	1
Z5179	Z5180	9
Z5181	Z5191	1
Z5192	Z5192	2
Z5193	Z5193	9
Z5194	Z5195	1
Z5196	Z5198	9
Z5199	Z5219	1
Z5220	Z5223	P
Z5225	Z5226	2
Z5227	Z5254	1
Z5255	Z5255	5
Z5256	Z5263	S
Z5264	Z5264	1
Z5265	Z5266	S
Z5267	Z5272	1
Z5273	Z5293	9
Z5294	Z5295	S
Z5296	Z5298	1
Z5299	Z5301	S
Z5302	Z5310	1
Z5311	Z5315	P
Z5316	Z5320	1
Z5321	Z5321	9
Z5322	Z5358	1
Z5363	Z5363	S
Z5365	Z5365	1
Z5367	Z5369	1
Z5370	Z5370	9
Z5371	Z5371	1
Z5373	Z5381	1

From Procedure	To Procedure	TOS
Z5382	Z5382	2
Z5383	Z5391	1
Z5392	Z5392	9
Z5393	Z5396	1
Z5397	Z5399	9
Z5400	Z5400	P
Z5401	Z5410	1
Z5411	Z5411	S
Z5412	Z5413	1
Z5414	Z5430	S
Z5431	Z5438	1
Z5439	Z5439	P
Z5440	Z5442	1
Z5443	Z5448	9
Z5449	Z5475	1
Z5476	Z5476	9
Z5562	Z5562	2
Z7000	Z9501	9

*Only four dental procedure codes (D8080, D8680, D9310 and D9430) can be billed on a CMS claim form.

Modifier 26 – autoplug TOS X
Modifier TC – autoplug TOS S
Modifier RR – autoplug TOS R
Modifier MS – autoplug TOS R
Modifier SC – autoplug TOS Y -- do not convert to TOS Y for dates of service 01/01/04 and thereafter, use the value assigned on the grid.
Modifier UE – autoplug TOS A
Modifier 80, 81, or 82 – pay 16%
Modifier ZN – pay 155%

For UB-92 claims, autoplug TOS S, except for:

1) Injectable drugs, autoplug the TOS on the autoplug grid for the procedures in the following ranges:

2) Home Health providers, autoplug the TOS on the autoplug grid for the procedure

For dental claims, autoplug TOS D
For medical crossover claims for provider type 28, auto plug TOS S.
all dental codes were added to ensure we autoplugged a "D" for the 1st value of the procedure code. However, only four dental procedure codes can be billed on a HCFA claim form. They are: D8080, D8680, D9310 and D9430.

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